NEW N. .ICO OIL CONSERVATION COMMIS IN Santa Fe, New Mexico

(Form C-104) Revised 7/1/57

REQUEST FOR (OIL) - (GAS) ALLOWABLE OFFICE Recompletion

This form shall be submitted by the operator before an initial allowable will be assigned to any completed Oil or Gas well. Form C-104 is to be submitted in QUADRUPLICATE to the same District Office to which Form C-001 with sent. The allowable will be assigned effective 7:00 A.M. on date of completion or recompletion, provided this form is filed during calendar month of completion or recompletion. The completion date shall be that date in the case of an oil well when new oil is delivered into the stock tanks. Gas must be reported on 15.025 psia at 60° Fahrenheit.

				(Place)			JE	(Date)		
					OWABLE FOR					
AMERIC	Company of	MARG	ettc	eporation.	LANGLIE (Lease)	B, Well No	1 , i	n. 55	.1/4	
P	Company o	Sec	14	., т258	•	., NMPM.,	Justis dain	KARD	Pool	
Unit	Letter				ite Spudded11:					
	ease indica			Elevation	3109	Total	Depth 5980	PBTD	5975	
			auon.	Top Oil/Gas	Pay 5924	Name o	of Prod. Form	DRIVEARD		
D	C	В	A	PRODUCING IN						
				Perforations		924 - 5962		5. 45		
E	F	G.	H	Open Hole		Depth Casing	Shoe <u>5979</u>	Depth Tubing	5945	
				OIL WELL TES						
r	K	J	I	Natural Proc	d. Test: 1	bbls.oil,	O bbls water	in <u>1</u> hrs	Choke O min Size	
				Test After	Acid or Fracture 7	reatment (after	recovery of vo	lume of oil e	qual to volume of	
M	N	0	P	load oil use	ed): 103.45 bbl:	,oil, <u>0</u>	_bbls water in	24 hrs,	O min. Size 14/6	
			0	GAS WELL TE	<u>sī</u> -					
330' PR A RL				. Natural Proc	d. Test:	MCF/Da	ay; Hours flowed	Chok	e Size	
tubing ,	Casing and	Cemen	ting Recor	Method of To	esting (pitot, bac	k pressure, etc	:.):			
Size	Fre	• •	Sax	Test After	Acid or Fracture 1	reatment:		MCF/Day; Hour	s flowed	
13 3	/8 83	اه	700	Choke Size_	Method of	f Testing:	····			
	,			Acid or Frac	cture Treatment (G	ive amounts of	materials used,	such as acid	, water, oil, and	
7_	598	<u> </u>	1170	and);	250 gal. M					
	1	1		Casing Press. Pac	Tubing VC	Date first oil run to	new 2-2	2-60		
		_			rter TEXA					
					rter RI P					
Remarks	•		••••••							
			•••••			*******************		•••••••••••••••••••••••••••••••••••••••	******************************	
				•••••••						
I he	reby certi	fy tha	t the info	rmation given	above is true as	nd complete to	the best of my	tnowledge.	an Tour	
Approved	d	77	KIRWAKI FE	. 8 1,196U	, 19.60	AREBUM:	Company	r Operator)	,	
	വും മരി	VSPD	VATION	COMMISSI	ÓN /	By:	ail /		same	
		TUER /				•	(Sign	ature) /		
y:				1/1/11		TitleDIST	Communicatio	ns regarding	well to:	
itle			Enc	ineer Olem						
						NameANDERSON-PRICEARD OIL CORPORATION				
						Address BO	x 196, Mid	land, Tex	B.S	